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| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 1 | | |
| GREEN, ANTHONY J | | 1793 | 252-008610 | | | |
| Proc Address* ind PTOVSB47; Rev 03-0 Number is required. ASSIGNEE NAME AI PLEASE NOTE: Uni- recordation as set fixed (A) NAME OF ASSIG RHODIA CHI | cation (or "Fee Address 2 or more recent) situal ND RESIDENCE DAT. nes an assignee is ident is 37 CFR 3.11. Com- INER | A TO BE PRINTED ON | (B) RESIDENCE: (CITY FRANCE | vely, in firm (having as a to agent) and the names reays or agents. If no printed. po) attest. If no nazignos asinguacon. and STATE OR COU | omber a 2 column of up to manue is 3 column of up to manue is 3 column of up to up t | |
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| Authorized Signature L. | | | | Date <u>March ≥/, 20</u> 08 Registration No. 52,467 | | |
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